

<b>Case Number:</b>	CM13-0043680		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/15/2004
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49 year old man, with diagnoses of lumbar disc disease and lumbar radiculopathy, date of injury September 15, 2004. Report dated December 6, 2013 by [REDACTED] documented that the patient was diagnosed with lumbar spine sprain/strain and right lower extremity radiculopathy. On August 21, 2013, the patient complained of a flare-up of low back pain, with numbness and tingling sensation into bilateral lower extremities, right greater than left. He was taking Norco and Neurontin. The patient had completed physical therapy with some relief. Patient complained of increased pain. The low back pain was interfering with activities of daily living. Physical examination demonstrated lumbosacral tenderness, limited active range of motion, straight leg raise test was positive bilaterally, there was 4/5 right lower extremity weakness. On September 22, 2013, the patient complained of severe low back pain. The patient was taking Norco 10/325 and Neurontin. With medications, pain level was moderate to severe. The medications did not provide lasting relief. Physical examination demonstrated lumbosacral tenderness and spasm, limited active range of motion. MRI of the Lumbar Spine 02-01-12: (1) there is disk desiccation at L3-L4 level. There is a broad-based posterior and right posterolateral disk/endplate osteophyte complex, which is at its maximum on the right side measures about 3.5 mm and encroaches into the right neural foramen with moderate narrowing of the right neural foramen. (2) There is a 2 mm broad-based posterior disk/endplate osteophyte complex at L4-L5 level making contact with the anterior aspect of the thecal sac. (3) There is a 3.5 mm central posterior disk protrusion at L5-S1 level. There are mild narrowings of both neural foramina. Progress Report 07-17-13: The patient had completed therapy sessions with some relief of the lower back symptoms. He had started some exercise. He declined the prior recommendation for lumbar epidural injection as he is ongoing with therapy. Urine drug screen dated 12-11-12 was reviewed and was negative for Norco metabolites and positive for marijuana. Pain management

consultation report dated September 24, 2013 by [REDACTED]: Patient complained of lower back pain, radiating to his right hip and leg, with tingling all the way to his toes. Physical examination exhibited lumbosacral tenderness, positive straight leg raise bilaterally, decreased lumbar spine range of motion, decreased sensation along the right L3 dermatome and along bilateral L5 dermatomes, motor weakness, right hip flexors 4/5, bilateral big toe extensors 4/5. The patient presented with considerable low back pain radiating to his bilateral lower extremities, right side greater than left. The patient had radicular symptoms on physical examination and neuroforaminal stenosis on MRI scan. He has failed conservative treatment including physical therapy, chiropractic manipulative therapy, medications, rest, and home exercise program. The patient has failed conservative treatment including drug therapy, activity modifications, and physical therapy. Transforaminal epidural steroid injections at the Right L3-L4 and Bilateral L5-S1 levels were requested. [REDACTED] requested authorization for Right L3-L4 and Bilateral L5-S1 transforaminal epidural steroid injections. Primary treating physician's supplemental report 09-30-13: Dr. Sobol agreed with [REDACTED] request for right L3-L4 and bilateral L5-S1 transforaminal epidural steroid injections. Utilization review dated 10-17-13 approved LSO brace. Request for transforaminal epidural steroid injections (R) L3-4, L4-5, bilateral L5-S1 was denied. Urine toxicology screening was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**The request for transforaminal epidural steroid injections R L3-4, L4-5 Bilateral L5-S:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Medical records document the patient's radicular pain, radiculopathy, lumbosacral tenderness, positive straight leg raise test, lower extremity weakness, decreased sensation along dermatomes. Physical examination and MRI corroborate the radiculopathy. Patient has failed conservative treatment. MTUS guidelines and the medical records support the medical necessity of the treating physicians' request for Right L3-L4 and Bilateral L5-S1 transforaminal epidural steroid injections. Therefore, the request for Right L3-L4 and Bilateral L5-S1 transforaminal epidural steroid injections is medically necessary.

**The request for Urine Toxicology Screening:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78,94.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines (Pages 43, 78, 94): Drug testing is recommended as an option, using urine drug screen to assess for the use or the presence of illegal drugs. For the on-going management of opioids, actions should include: Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. To avoid misuse of opioids, and in particular, for those at high risk of abuse, frequent random urine toxicology screens are recommended. Urine drug screen dated 12-11-12 was positive for Marijuana. Marijuana is a DEA Schedule I drug. Medical reports from 08-21-13, 09-22-13, and 09-24-13 documented severe low back pain and radiculopathy. Pain was only partially relieved with Norco. Patient exhibited poor pain control. Poor pain control and prior urine drug test positive for Marijuana support the medical necessity of Urine Toxicology Screening. Therefore, the request for Urine Toxicology Screening is medically necessary.